

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

## **Annual Report**

**The Customer Service and Community Rights Team**

**Advocacy and Customer Service Section**

**Fiscal Year 2008/2009**

## **Introduction**

The purpose of this report is to summarize the contacts made to the Customer Service and Community Rights (CSCR) Team during the 2008/2009 fiscal year. The CSCR Team is part of the Advocacy and Customer Service (ACS) Section of the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). This Team facilitates informal resolutions to complaints filed by consumers of public services, family members and advocates either directly or in collaboration with Local Management Entity (LME) Customer Service Offices. The team also assists individuals and families in accessing public services throughout the state and is a resource to anyone interested in the DMH/DD/SAS system.

Contacts, or cases, consist of calls, letters and e-mails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse (mh/dd/sa) service delivery system in North Carolina.

The following report is a summary of and information about the types of contacts received by the CSCR Team during this fiscal year. The intent is to provide an overview of the cases the CSCR Team addressed during the 2008/2009 fiscal year and to provide explanatory narrative about the data reported. The following topics are included in this report:

- The types of contacts,
- Time frames for resolution of the contact,
- How the contacts were resolved,
- The types of issues reported,
- The LME associated with the contact,
- The source of the contact,
- The age and disability group associated with the contact and
- The funding source associated with each contact.

This report is consistent in content with the previous reports. Previous reports were completed on a quarterly basis rather than yearly. To review the data from previous quarterly reports, please refer to the reports posted on the DMH/DD/SAS web site, [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas).

This report attempts to provide accessible and useful information to a variety of stakeholders. It is designed to give a snapshot of the contacts made to the CSCR Team. We welcome any comments and suggestions.<sup>1</sup>

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<sup>1</sup> Please contact Stuart Berde, Acting Section Chief, at [Stuart.Berde@ncmail.net](mailto:Stuart.Berde@ncmail.net) or by phone at (919) 715-3197.

### **Summary of Significant Conclusions**

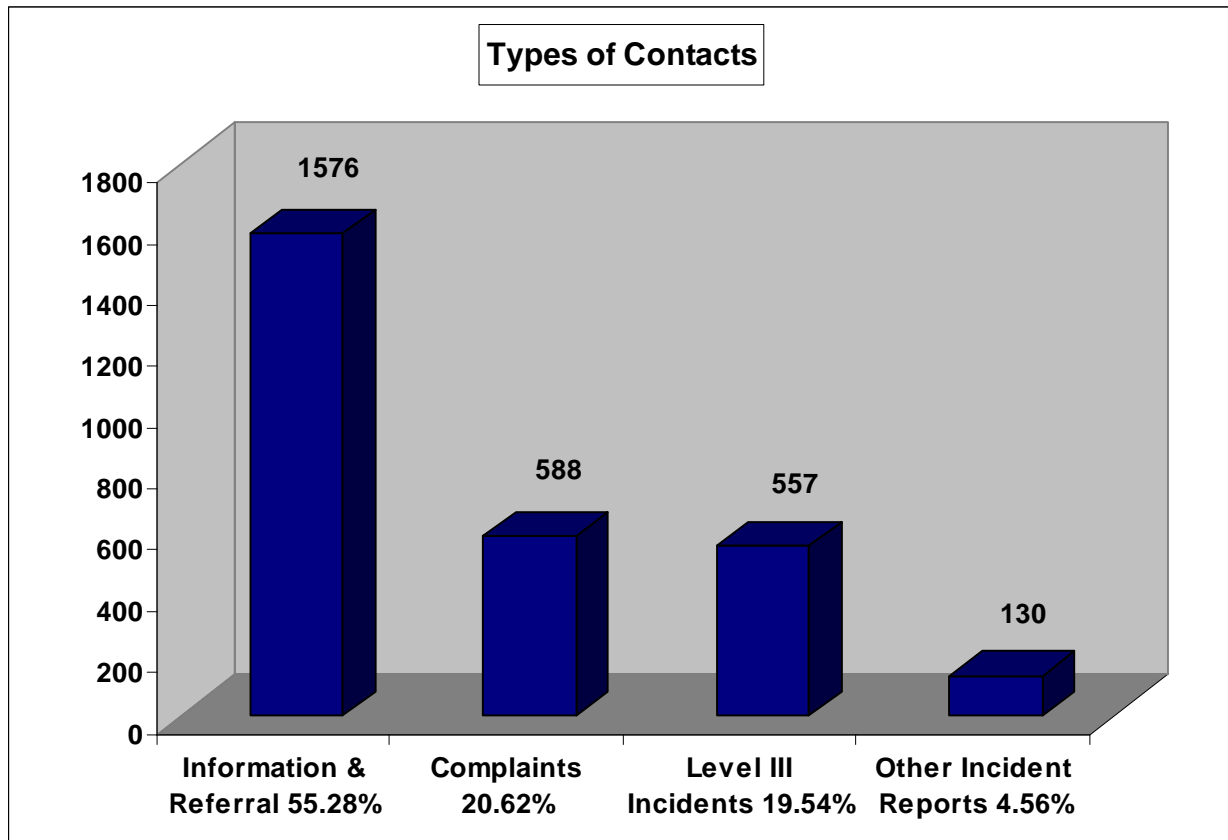
- The CSCR Team received 2,851 contacts during the 2008/2009 fiscal year. The majority of the contacts, 1,576 (55.28%), were requests for information and/or referral to resources and services. We are working to increase the contacts through several MH/DD/SAS strategic plan efforts to inform and educate residents of North Carolina about the publicly funded service system. One such effort, The Consumer Handbook ([www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas)) contains information about client rights and how to contact the CSCR Team for assistance. The book is designed improve public awareness.
- The majority of issues in the contacts were resolved the same day they were received. Complaints and Information/Referrals can differ in complexity with some requiring many levels of follow up from the CSCR Team including consultation with other DHHS staff, and/or local assistance and support to the individual making the contact. Overall, longer resolution time is directly related to the complexity of issues received. For example, Level III incident reports typically require more time. A Level III incident is a serious adverse event involving a person receiving publicly-funded MH/DD/SA services.
- CSCR staff resolved 802 (28.13%) of the contacts in this fiscal year. Six hundred and ninety four (24.34%) of the contacts were resolved by referral to another state or local agency, 671 (23.54%) were resolved by referral to the LME Customer Service Office and 582 (20.41%) involved incident report follow up (contacts to the LME and/or provider to ensure compliance with administrative rule and the DMH/DD/SAS direction). No contacts resulted in an investigation by the CSCR Team. An investigation requires established jurisdiction. Often, complaints about rights refer to issues that are unethical but not addressed in North Carolina Administrative Rule or any other laws or ethical codes of conduct applicable to the current provider system in North Carolina. However, during this fiscal year, 102 (3.58%) contacts resulted in referrals to the LME or other regulatory agencies for investigation or provider monitoring by the LME.
- A majority of the contacts pertained to incident report follow up (685, 24.03%) and assistance to families (658, 23.08%) while access to services accounted for 420 (14.73%) contacts and technical assistance accounted for 396 (13.89%) contacts. Many contacts from family members reflect confusion about the system, issues related to obtaining care for a loved one and/or questions about rights. Incident reports are reviewed by the CSCR Team in a technical assistance capacity to ensure compliance with administrative rule and DMH/DD/SA direction. Individuals often contact the CSCR Team for assistance with finding services in their area these contacts are captured in the access to services category. Technical assistance is given to providers and LME staff seeking guidance in many areas such as how to find information, administrative rule questions and procedural issues related to the provision of services. Providers seeking technical assistance are referred to their LME for further assistance.

- The number of contacts associated with a LME is usually directly related to the LME's population rank. Wake Human Services (population rank: 1 of 24) was associated with the highest number of contacts 299 (10%) and Onslow-Carteret (population rank 19 of 24) was associated with the lowest number of contacts 42 (<1%). We hope to see the numbers for all LMEs increase as this would be an indication that people know how to file a complaint and/or obtain needed information and feel empowered to do so.
- During this fiscal year providers accounted for 1,022 (25.85%) contacts, someone close to the consumer (family, friend or guardian) initiated 828 (29.09%) of the contacts and 552 (19.36%) of the contacts were initiated by the consumers themselves. The data reflect a rather small number of consumers contacting the CSCR Team. In an effort to increase this number, one objective of the CSCR Team is to inform consumers about how to contact us for assistance.
- A majority of the contacts to the CSCR Team, 1,249 (43.81%), apply to the Mental Health disability group.
- Contacts associated with services for adult consumers accounted for 1,949 (68.36%) of the contacts during the fiscal year. Contacts associated with services for child consumers accounted for 522 (18.31%) of the contacts during the fiscal year.
- One Thousand three hundred and forty nine (47.32%) of the contacts were associated with Medicaid funded services.

### Types of Contacts

The CSCR Team received a total of 2,851 contacts during the 2008/2009 fiscal year. The chart below illustrates how many of each type of contact the CSCR Team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team provides information and/or refers the person involved to the best resource to meet the need.
- **Complaints** are any expression of dissatisfaction. The CSCR Team often incorporates some form of education or technical assistance in response to complaints.
- **Level III Incident Reports** are reviewed by the CSCR Team in a Quality Management capacity following the administrative rule (10A NCAC 27G.0604). The CSCR Team provides a Division level review of the incident.
- **Other Incident Reports** are incident reports that were submitted that did not meet the definition of Level III, but did require technical assistance from the CSCR Team or LME.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory Teams within DHHS and/or the LME Provider Monitoring and Customer Service Offices. There were no investigations completed by the CSCR Team this fiscal year.



### **Resolution Time**

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to facilitate a resolution the same day a person contacts the Team. Consistent with the Team's role, a contact is considered "resolved" at the point where the CSCR Team has assisted in every way possible within the DMH/DD/SAS system. Often issues are resolved when the CSCR Team offers the most appropriate referral and/or information and/or gives the case to the appropriate local or state agency for action.

The table below summarizes the CSCR Team's resolution timeframes. The most frequent resolution time for all contacts is the same day the contact came to the CSCR office. Some contacts are more complex and require more time to resolve.

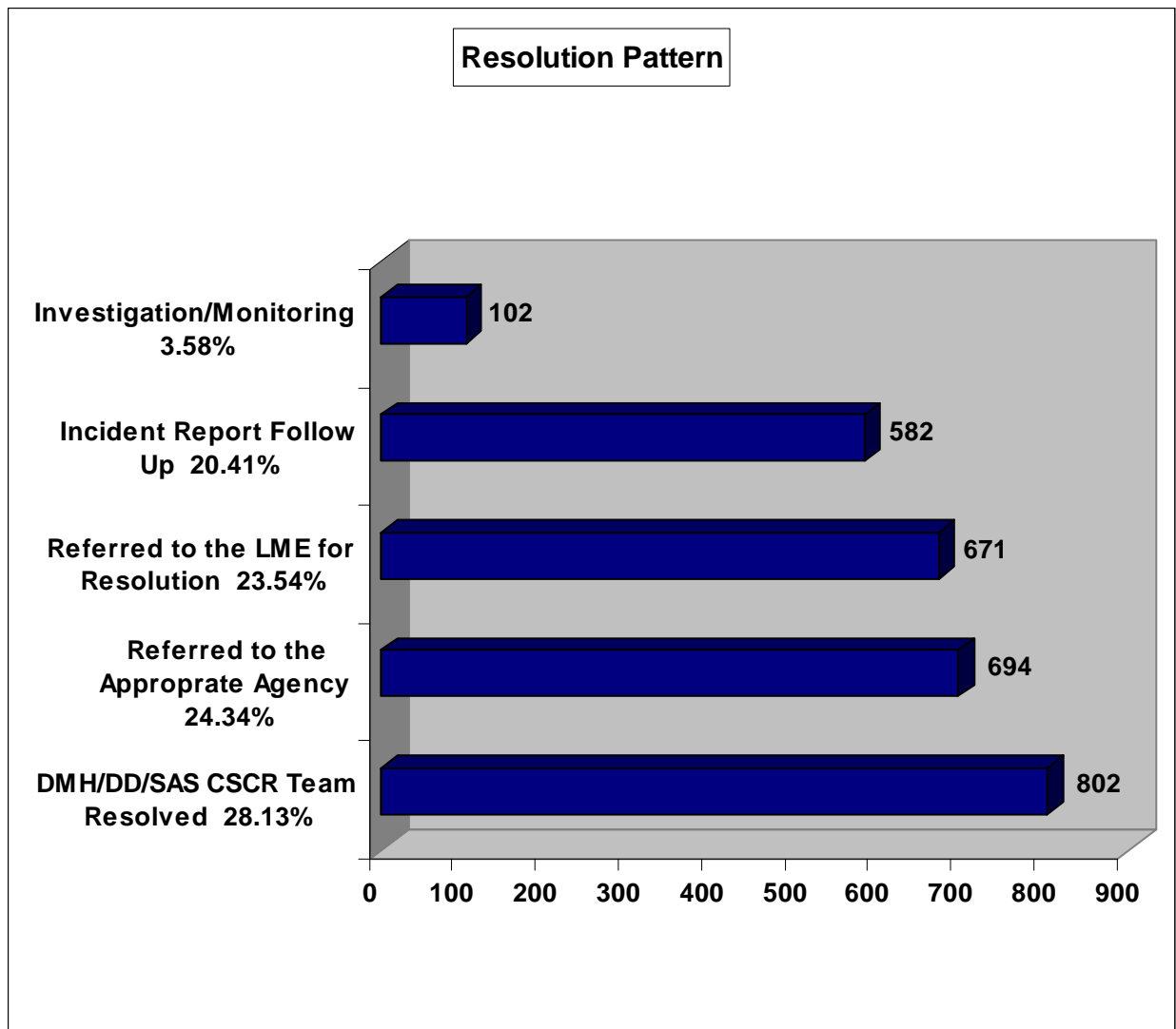
The mean or average resolution time for all contacts is 4 days with the range between 1 day and about 1 year. The CSCR Team reviews all Level III incident reports to ensure complete information and make suggestions regarding follow up. The mean time for resolution of Level III incident reports is 6 days. The longer time frame is inherent in the nature of Level III incidents and increases the mean resolution time for all the contacts. For example, a provider submitting an incident report may not have immediate access to complete information regarding the incident.

As noted in the table below, the maximum time taken to resolve a complaint was about 7 months and the maximum time taken to resolve information and referral contacts was about 1 month. Some contacts require consistent effort and collaboration with many resources to resolve. While the CSCR Team strives for efficiency, the quality of the resolution to the contact is what is most important.

<b>Resolution Time</b>				
	<b>Mean</b>	<b>Most Frequent</b>	<b>Min</b>	<b>Max</b>
<b>All Contacts</b>	4 Days	Same Day	Same Day	312 Days
<b>Complaints</b>	1 Day	Same Day	Same Day	212 Days
<b>Information and Referrals</b>	1 Day	Same Day	Same Day	33 Days
<b>Level III Incident Reports</b>	6 Days	Same Day	Same Day	312 Days

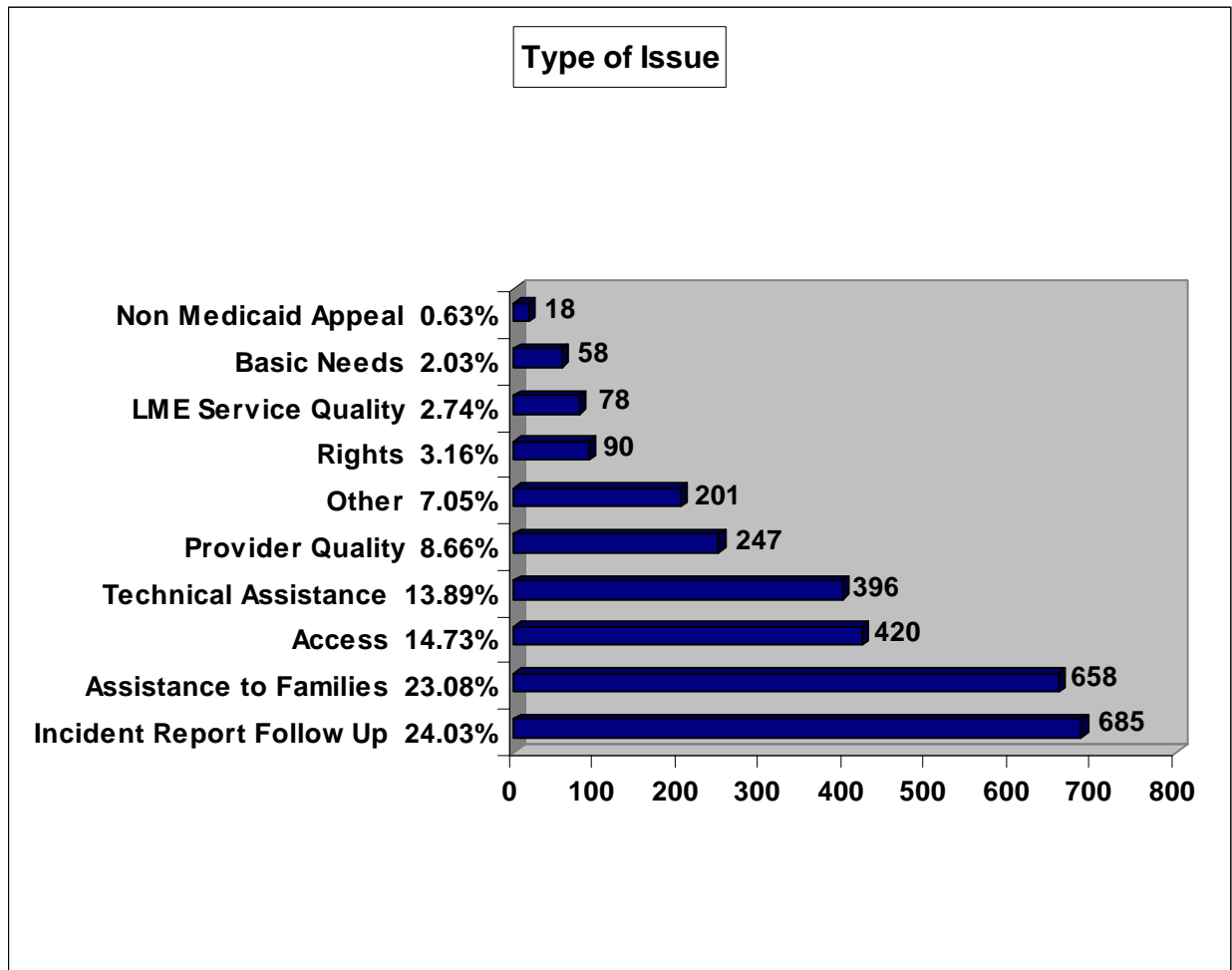
### Resolution Pattern

The CSCR Team maintains collaborative relationships with many agencies in order to resolve issues. During this fiscal year, 802 (28.13%), of the contacts were resolved directly by the CSCR Team. We strive to provide customer service to all contacts regardless of whether the issue is related to DMH/DD/SAS. Because the CSCR Team members are familiar with many resources, the CSCR Team members referred individuals to the appropriate resource or agency in 694 (24.34%) of the total cases. When contacts require local assistance and expertise, as in 671 (23.54%) of the contacts during the year, the CSCR Team involves the LME Customer Service Office to resolve the issue. Certain contacts lead to investigations or monitoring of a provider by the LME or another regulatory agency. During this fiscal year, 102 (3.58%) contacts required referral for investigation/ monitoring. Incident report follow up (contacts to the LME and/or provider to ensure compliance with administrative rule and the DMH/DD/SAS direction) accounted for 582 (20.41%) of the contacts. The chart below illustrates the resolution pattern:



### Types of Issues

Contacts are categorized by types of issue by the CSCR Team. Contacts regarding “Assistance to Families” accounted for 658 (23.08%) of the total this fiscal year. Contacts of this type reflect the needs of families coping with mental illness, developmental disability and/or substance abuse issues including assistance with accessing services, support, information and avenues to provide input to the DMH/DD/SAS system. The CSCR Team provides technical assistance to LMEs, providers and to individuals with issues regarding publicly funded services. Contacts regarding “Technical Assistance” accounted for 396 (13.89%) of the contacts. Incident reports are reviewed by the CSCR Team in a technical assistance capacity to ensure compliance with administrative rule and the DMH/DD/SAS direction. Incident report follow up (contacts to the LME and/or provider to ensure compliance with administrative rule and the DMH/DD/SAS direction) accounted for 685 (24.03%) of the contacts. The CSCR Team gives a voice to concerns from all stakeholders. The issues and trends gleaned from these discussions inform policy makers on a daily basis, including the CSCR Team Leader, the ACS Section Chief and the various work groups and committees.





### **Local Management Entity (LME) Associated**

The table below categorizes the contacts received by LME catchment area. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality or lack of quality. In fact, a high volume likely indicates higher population size and consumer knowledge of how to file a complaint. The chart below illustrates that, generally, LMEs with higher populations have more contacts.

The ACS Section is committed to empowering consumers to speak up about their concerns and treatment in the DMH/DD/SAS system. Future education and information sharing efforts will likely increase the numbers of contacts to this office. This increase would be a positive indicator that people know how to file a complaint and/or obtain needed information and feel empowered to do so.

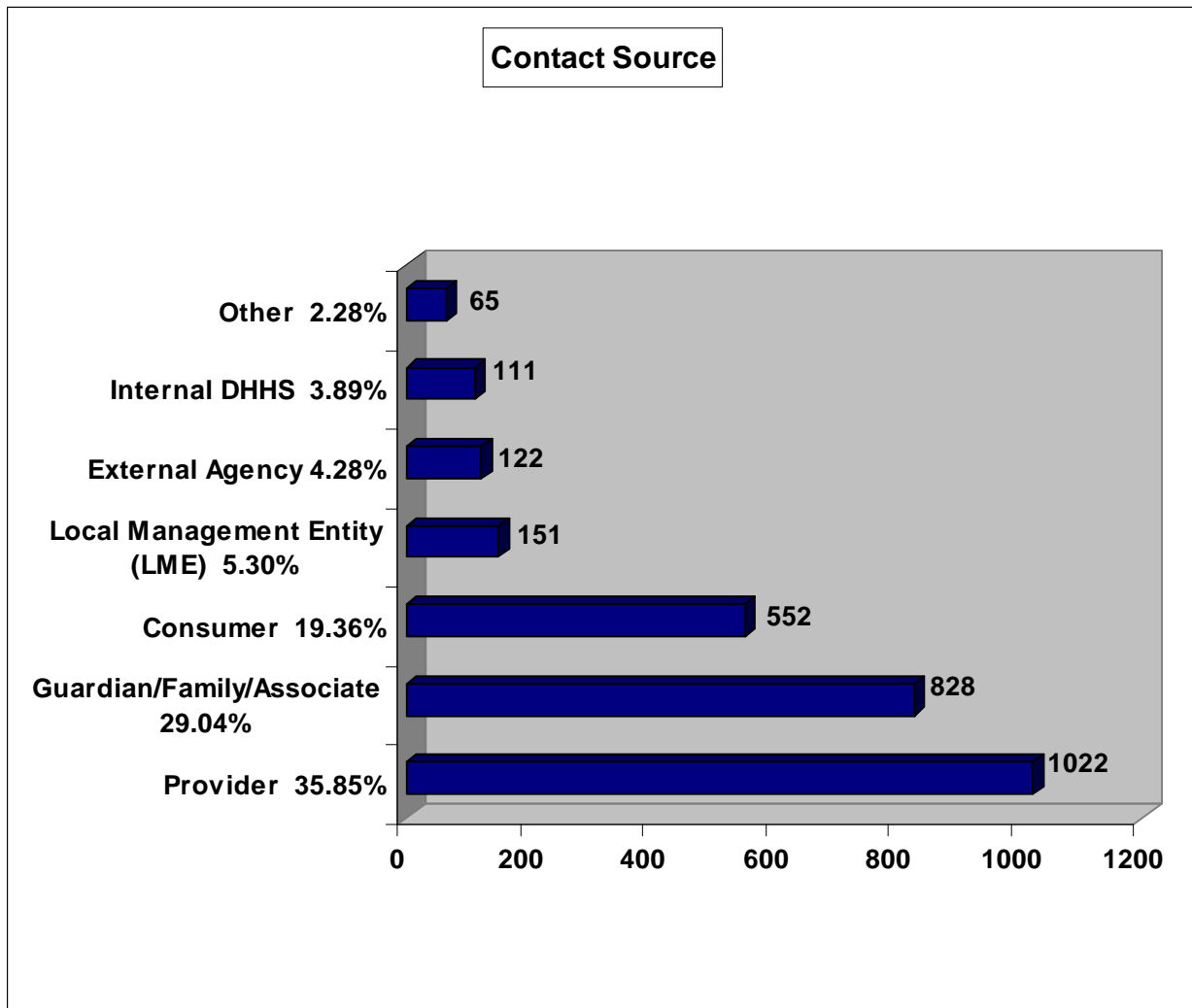
<b>Local Management Entity</b>	<b># of Contacts</b>	<b>July 1, 2009 Population Estimate</b>	<b>Population Rank</b>
Wake	299	900,068	1
Western Highlands	169	507,008	7
Smoky Mountain Center	163	522,868	6
Mecklenburg	138	893,888	2
Piedmont	125	739,448	3
Albemarle Mental Health Center	117	183,857	22
Southeastern Center	114	354,960	11
Guilford	113	476,642	8
Sandhills	112	546,939	4
East Carolina Behavioral Health	112	404,569	9
The Durham Center	100	267,394	15
Eastpointe	94	294,107	13
CenterPoint Human Services	90	529,981	5
The Beacon Center	86	248,008	17
Alamance-Caswell	82	172,668	23
Crossroads	80	270,659	14
Cumberland	73	319,840	12
Mental Health Partners	68	247,317	18
Orange-Person-Chatham	68	231,192	21
Southeastern Regional	65	256,179	16
Pathways	62	384,961	10
Five County	60	234,199	20
Johnston	51	168,770	24
Onslow-Carteret	42	242,026	19
Contacts Without An Associated LME	368	N/A	N/A

### Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, North Carolina and federal confidentiality laws and regulations require that follow up communications be redirected to consumer and/or the legal guardian. This is especially true when contacts are initiated by someone other than the consumer or his/her legal guardian.

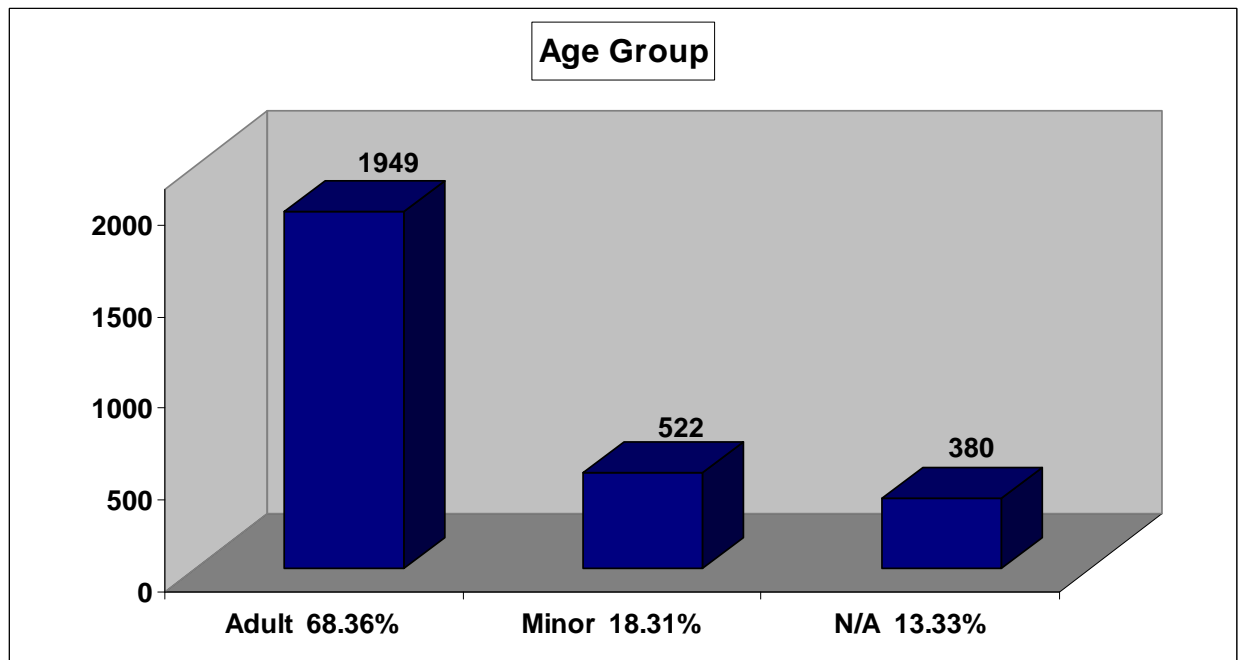
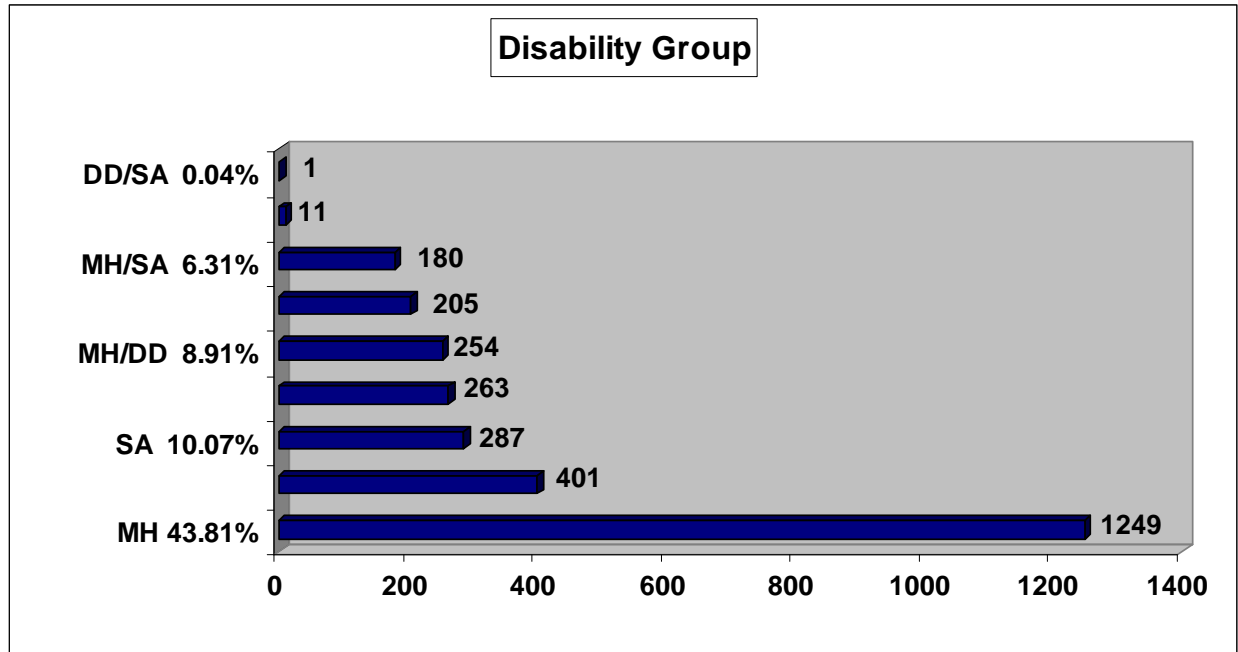
During this fiscal year, someone close to the consumer (family, friend or guardian) initiated 828 (29.04%) of the contacts while 552 (19.36%) of the contacts were initiated by the consumers themselves. Often, the original contact may be from a relative or friend and this leads to further contact with the consumer.

Providers accounted for 1022 (35.85%) of the cases brought to our attention. Providers contacting the CSCR Team typically are seeking technical assistance and information. In this role, the CSCR Team acts as a liaison between the provider and the LME that can best be of assistance. The chart below illustrates the different contact sources:



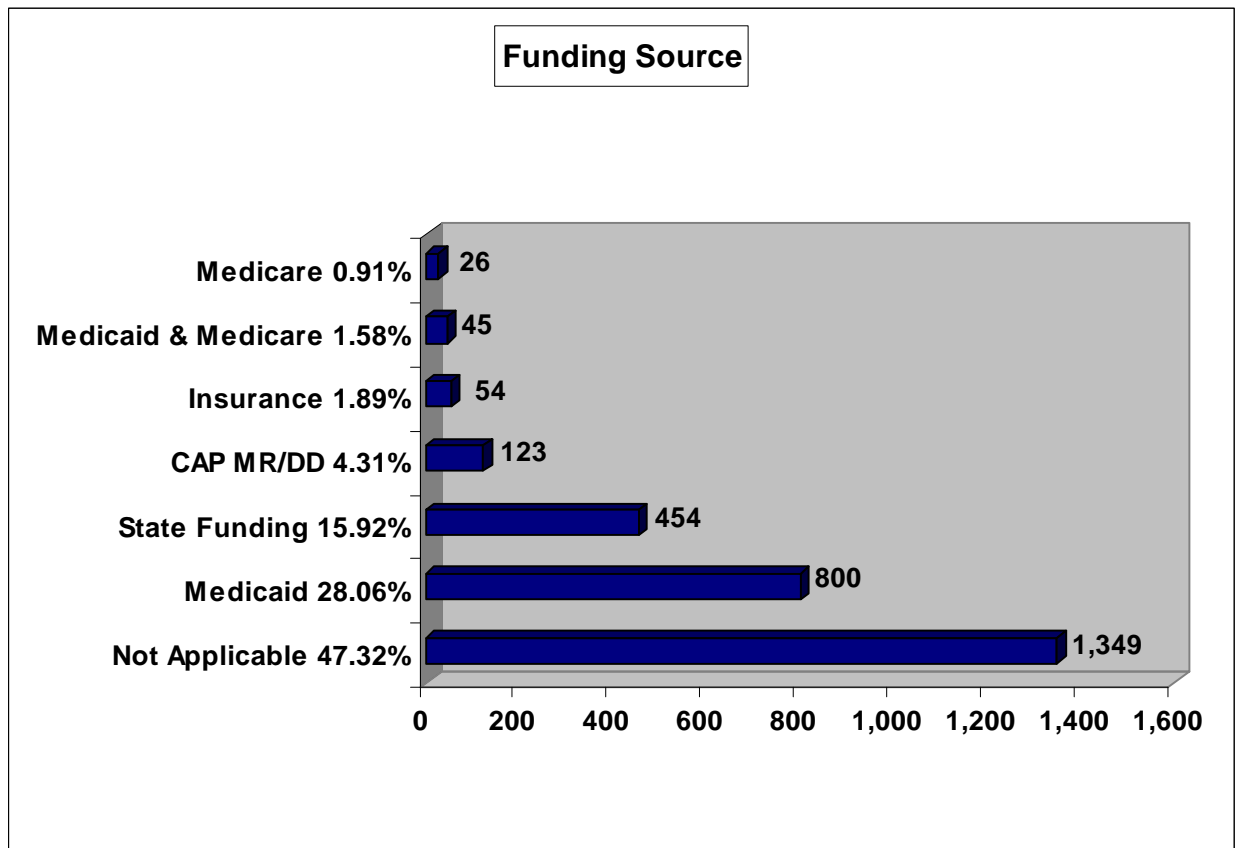
### Disability and Age Group

The contacts received by the CSCR Team are often associated with a certain disability group and age group. Some contacts are not related to a specific group and are not represented by the graphs below. As can be noted on the first graph, a majority of the contacts relate to the Mental Health (MH) disability group. Consistent with previous reports, most contacts during this fiscal year involved adult consumers.



### Funding Source

The CSCR Team tracks the funding source associated with each contact. The funding source refers to the consumer's source of payment for services in the system. Our office is charged with ensuring rights protection for consumers in publicly funded MH/DD/SA services. As can be seen in the chart below, 800 (28.06%) of the contacts were associated with regular Medicaid funds while state funded service issues accounted for 454 (15.92%) and the CAP Medicaid Waiver services accounted for 123 (4.31%) of the contacts. On thousand three hundred forty nine (47.32%) of the issues brought to our attention were not associated with a funding source. This occurs when the contact involves providing technical assistance or does not involve the DMH/DD/SA system.



## **Conclusion**

The descriptive data presented in this report are intended to provide all stakeholders with an overview of the contacts the CSCR Team received during the 2008/2009 fiscal year. It may be noted that the report covers broad, general categories of data. More specific issues are not included in the descriptive data as they are too narrow to report in this manner. However, the CSCR Team often notices trends in the contacts they are receiving on a daily basis and reports these trends to the CSCR Team Leader, the ACS Section Chief and to relevant DMH/DD/SAS groups. Examples of such issues include concerns about the state hospitals, consumer choice of provider, self-direction in person centered planning, concerns about the Medicaid Appeal process and concerns about the availability of community placements for “hard to place” children and adults.

Residents of North Carolina are encouraged to contact the DMH/DD/SAS to provide feedback about the community programs and services in our system. One objective of the DMH/DD/SAS strategic plan is to provide consumers with information about how to contact their LME and the CSCR Team to file a complaint, obtain information or give feedback and make suggestions. The CSCR Team continues to work collaboratively with the LME Customer Service Offices. We hope that through consumer education we can work together to empower those involved in services to contact us with concerns, questions and suggestions.